

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001299

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 23

FILED JAN 28 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Clinton

Length of stay in 1b

2 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Clinton General Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Henry

c. CITY
OR
TOWN

Clinton

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

231 West Franklin St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WILLIAM

Middle

A.

Last

FELLHAUER

4. DATE
OF
DEATH

Month

Day

Year

Jan. 21, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/11/1874

9. AGE (last birthday)

88

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

3

10

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Henry Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John J. Fellbauer

13b. MOTHER'S MAIDEN NAME

Lena Mollett

14. NAME OF HUSBAND OR WIFE

Mattie Fellbauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Mattie Fellbauer

231 W. Franklin

Clinton, Mo.

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Broncho-pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

6 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chronic Myocarditis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/7/46 to 1/21/63 and last saw her alive on 1/20/63
Death occurred at 1:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. B. Hughes M.D.

22b. ADDRESS

Clinton Mo.

22c. DATE SIGNED

1/21/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Jan. 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

Englewood Cemetery

23d. LOCATION (City, town, or county)

Clinton, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vansant Funeral Home, Clinton, Mo.

25. DATE RECD. BY LOCAL REG.

JAN 21-1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0425

0425

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1

Permit Obtained

1-21-63

(M.B.)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.